CBFS

Community Based Flexible Supports



2017 Stakeholder Engagement Sessions

Model Development & System Integration Workgroup | Integration and Alignment | 3/15/2017

Agenda

- I. Agenda Kickoff
 - Welcome
 - Today's Goals
 - Recap
- II. CBFS Integrated Team Model
- III. System Integration
- IV. Closing Remarks

II. CBFS
Team
Kickoff
Model
III. System
Integration
Remarks

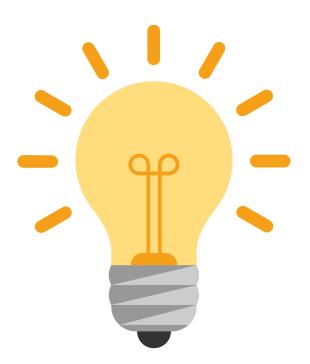
I. Agenda Kickoff: Today's Goals

Review CBFS Integrated Team Model Walk through enrollee experience within care coordination system Operational considerations for shared responsibilities

I. Agenda Kickoff: Today's Goals

Consideration for this Session

 What are the roles and responsibilities of each stakeholder in the new care coordination system?



I. Agenda Kickoff: Recap

#	Topic	Date
1	Orientation	January 11 th , 2017
2	The Age Continuum	January 18 th , 2017
3	Engagement	February 1 st , 2017
4	Rehabilitation and Treatment	February 15 th , 2017
5	Changes in Care Coordination Model	March 1 st , 2017
6	Integration and Alignment	March 15 th , 2017
7	Debrief for Both Workgroups	March 29 nd , 2017

I. Agenda Kickoff: Recap of 3/1/17 -

New Care Coordination Model

Planned Coordination Services by Current Coordination Services Responsible Party Support in exploring housing options Assistance with management of client funds Assistance with medication administration **Stay in CBFS CBFS** Delivery of pre-packed medications Coordination services including development of person-centered planning BHCP, **Share with CBFS** Assistance in maintaining community tenancy One Care, Assistance with obtaining access to, or providing, TCM, CBFS transportation Wellness promotion Assistance and support to access other services BHCP, Coordination contact with medical and clinical **Shift from CBFS** One Care, teams **TCM** Preparation of medical documentation Client and family training about mental illness

I. Agenda Kickoff: Recap of 3/8/17 Accountability Workgroup Measurement & Accountability in the Care Coordination Model

Key Meeting Takeaways:

- Clarify accountability for shared functions
 - For families and enrollees, it can be confusing to understand who should be providing what services
- Getting BHCPs "at the table"
 - MassHealth and DMH are committed to a model of shared management
- Important metrics to measure within the delivery model
 - Health & wellness indicators
 - Dental visits, physicals, etc.
 - Hospitalization data
 - Medication reconciliation

II. CBFS Integrated Team Model

I. Agenda Kickoff II. CBFS Team Model

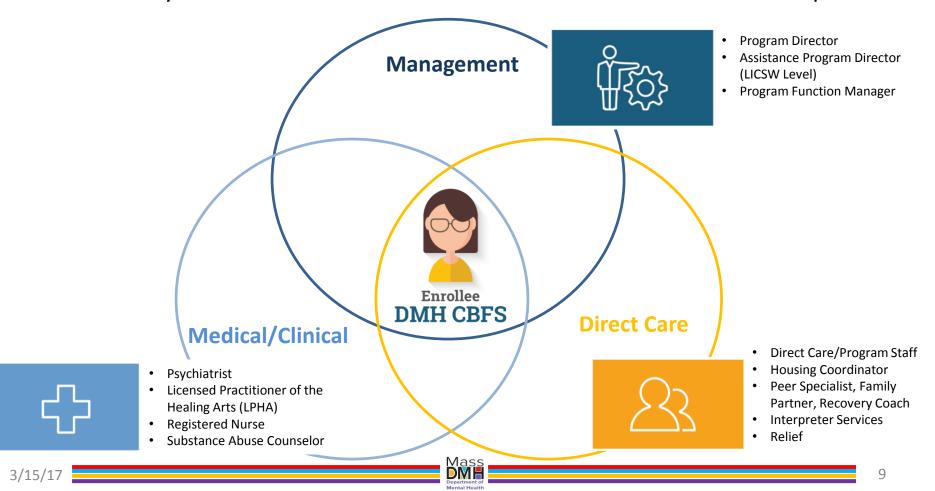
III. System Integration

IV. Closing Remarks



II. Integrated Service Delivery Team

An integrated team approach will provide clinical accountability and continuity in relationships to ensure enrollee needs are met. Interventions will be delivered by clinical and direct care staff consistent with the treatment plan.



III. System Integration

I. Agenda Kickoff II. CBFS Team Model

III. System Integration

IV. Closing Remarks



III. System Integration –Example of Critical Time Interventions

"We'll collaborate with CBFS and work with you to revise your crisis plan. We will also schedule a visit, follow-up with outpatient treaters, and ensure everyone on the team knows your current medications."

Note: These examples are intended to illustrate possible scenarios and do not represent definitive actions that will occur by BHCPs, CBFS or enrollees.

"I just left the hospital and don't want to go back."



"We'll collaborate with BHCP and work with you to revise your crisis plan. Let's also address your needs transitioning back home including changes to interventions that may need adjustment to prevent future hospitalizations."

Enrollee

BHCP



III. System Integration –Example of Health and Wellness

"Let me coordinate
with your
prescriber who may
need to see you in
person to adjust
your medication.
I'll follow-up with
CBFS on your
medication
changes."

Note: These examples are intended to illustrate possible scenarios and do not represent definitive actions that will occur by BHCPs, CBFS or enrollees.

"I want to change my meds so I'm not so tired during the day."



"I'll coordinate your goal with your BHCP."

"Once BHCP notifies us of your medication changes, we will assist you with your medication schedule and check in to understand how the medication changes are working for you.."

Enrollee

BHCP

CBFS

Mass Department of Mental Health

III. System Integration –Example of Engagement

"We will work with you and your CBFS team to ensure we are all clear about your goals and review your treatment plan."

Note: These examples are intended to illustrate possible scenarios and do not represent definitive actions that will occur by BHCPs, CBFS or enrollees.

"I've just been authorized for CBFS services."



"We look forward to getting to you know you. We will focus on a short term goal to achieve and will coordinate with your BHCP to ensure that we are consistent."

Enrollee

BHCP



III. System Integration – Families as members of the team



- What are your suggestions to accomplish good communication with family members across CBFS and BHCPs?
- How can the system prevent confusion or duplication for families in working with both entities?
- How will each entity ensure that the family has a role at each stage in the treatment process (as the enrollee desires)?

III. System Integration – Engaged with BHCP

Pre-CBFS

- Enrollee already engaged with BHCP.
- BHCP coordinates referral to DMH.

Enrolled in CBFS

- BHCP coordinates care for enrollee and shares information with CBFS.
- CBFS provides residential treatment and rehabilitation services.
- CBFS collaborates with BHCP and enrollee to deliver and monitor interventions.

Post-CBFS

- Enrollee achieves CBFS goals.
- Enrollee continues to work with BHCP.

Enrollee

ВНСР



III. System Integration – Not Engaged with BHCP

Pre-CBFS

- Enrollee not already engaged with BHCP.
- Enrollee is authorized for DMH services.

Enrolled in CBFS

- Enrollee assigned a BHCP to coordinate care.
- CBFS provides residential treatment and rehabilitation services.
- CBFS collaborates with BHCP and enrollee to deliver and monitor interventions.

Post-CBFS

- Enrollee achieves CBFS goals.
- Enrollee continues to work with BHCP.

Enrollee

BHCP



III. System Integration

Considering the structure of the CBFS service delivery team, what would shared management between CBFS and the BHCP involve?

Based on your experience, what do all stakeholders need to consider to ensure successful system integration that best meets enrollee needs?



IV. Closing Remarks

I. Agenda Kickoff II. DMH Oversight III. System Integration

IV. Closing Remarks



IV. Closing Remarks

Model Development and System Integration Workgroup

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:

Westborough State Hospital Hadley Building (Rodriguez Auditorium) 167 Lyman St, Westborough MA 01581

Date: Wednesday, March 29, 2017

Time: 9:30-11:30 A.M.

Next Topic:

- Debrief for Both Workgroups
 - Recap stakeholder workgroup expectations and goals
 - Review the new CBFS model
 - Review key developments of each workgroup

March 2017						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		
27	28	01 DMH Hadley	02	03		
06	07	08	09	10		
13	14	15 Framingham	16	17		
20	21	22	23	24		
27	28	29 DMH Hadley	30	31		